

**QUESTIONS AND ANSWERS
RELATED TO THE APPLICATION OF
SIGNIFICANT DEVELOPMENTAL DELAY
AND OTHER PRESCHOOL
EVALUATION ISSUES**

April, 1997

1. May a preschooler be identified as a child with a significant developmental delay even if another handicapping condition, such as cognitive disability, learning disability, or emotional disturbance, was initially suspected?

If the multidisciplinary team (M-team) members are able to document a child's handicapping condition in one of the other suspected areas, such as cognitive disability, learning disability, or emotional disturbance per PI 11, Wis. Adm. Code, they must do so. There may be situations when evaluators do not have sufficient data to warrant identification of a preschooler under these categories but can document the criteria for significant developmental delay. In this instance, teachers and other school personnel may be able to document early characteristics or patterns of behaviors which may be precursors to the identification of other handicapping conditions as they work with the child. It is important for the staff to continue to document learning patterns over time. When staff believe that sufficient data exist to determine another handicapping condition, an M-team should be convened to re-evaluate as soon as possible. Wisconsin administrative code [PI 11.04(6)4] requires re-evaluation for each child who is receiving special education whenever there is reason to believe that the child has a handicapping condition that has not been identified.

2. Can a preschooler whose primary handicapping condition is significant developmental delay also be identified with a speech and language handicap as a secondary condition?

Yes. This may occur in a situation where the M-team has considered the speech and language handicap and found that the child's delayed development is not limited to this single area. If the M-team determines that the areas of delayed development under significant developmental delay are having a more profound effect upon the child's daily living than the speech and language handicap, it may be appropriate to identify the child's primary handicapping condition as significant developmental delay with a secondary condition of speech and language handicapped.

3. Can a child qualify under significant developmental delay with a gross motor delay and a fine motor delay?

No. These areas are both discussed under the major life activity entitled "Physical Activity." Therefore, only one major life activity would be affected, and the criteria indicate that the delays in development must significantly challenge the child in two or more of the major life activities.

4. Can a preschool child who may be considered at-risk due to socio-economic conditions be identified as having a significant developmental delay?

PI 11.35(2), Wis. Adm. Code, specifically states that educational needs resulting primarily from poverty, neglect, delinquency, social maladjustment, cultural or linguistic isolation, or inappropriate instruction are not included under Subch. V., Ch. 115, Wis. Stats. If the M-team determines that the effects of these factors are the primary cause of the child's delays, the child would not be eligible for special education.

Remember, s. PI 11.04(5)(b), Wis. Adm. Code, requires that the needs of a child who is not eligible for special education must be identified and referrals or information regarding programs or services to meet those needs must be included in the M-team report. Suggestions to the family regarding behavior management techniques, language stimulation, or appropriate play activities may be appropriate. Recommendations for other services may include Head Start, family resource centers, and the county health department. Assisting the family with enrollment in private preschools may also be possible through scholarship programs funded by other community clubs or organizations.

5. When a five-year-old child identified as having a significant developmental delay turns six during the school year, must an M-team convene to determine if the child is still eligible for special education?

Yes, if the child is due for his/her three-year re-evaluation required under state and federal law. However, if the child is “below compulsory school attendance age” (i.e., he/she turned six after September 1) and is not yet due for re-evaluation, he/she may continue to receive special education under the significant developmental delay identification until the end of the current school year. Prior to the following school year, the M-team must convene to determine whether the child has a handicapping condition under one of the other categories and continues to have a need for special education. If the child truly has a disability, it is highly unlikely that the intervention under the identification of significant developmental delay would mitigate the child’s condition so dramatically as to prevent eligibility under another category. If the child does not meet the criteria for another handicapping condition following a re-evaluation, then the child is not eligible for special education. In that situation, the district may need to consider if the child is entitled to an accommodation plan under Section 504 of the Rehabilitation Act. See also question and answer 4 above regarding identification of and referral for non-EEN needs.

6. Can an early childhood: exceptional educational needs (EC:EEN) teacher serve as a special education teacher on an M-team for a preschooler? Who else is typically assigned to assess children ages 3 through 5 years?

Since EC:EEN teachers have been trained to assess and program for the young exceptional child as stated in Wisconsin Administrative Code PI 3.34, an EC:EEN teacher can serve in the capacity as a primary member of the preschooler’s M-team. Psychologists and speech and language pathologists are often assigned to evaluate preschoolers as are other diagnostic teachers who have training and experience in assessing young children. It is the responsibility of the special education director for assigning staff to conduct preschool evaluations based upon the referral information and the staff’s expertise. Note: If a preschool child is suspected of having a learning disability, a regular education teacher licensed to teach a child of his or her age must be included on the M-team.

7. Are school districts still required to complete the process in 90 days when a referral is received for a child with a suspected EEN who attains the age of three during the summer?

Yes. The process must be completed within 90 days, and if the child is found to be eligible for special education, a placement offer must be made unless the parent agreed to an extension or the division granted an extension under PI 11.06(5)(a), Wis. Adm. Code. Unless the child qualifies for extended school year services, the individualized education program (IEP) and placement offer would indicate that programming would commence at the beginning of the school year in the fall.

8. Is it possible for a professional from a Birth-to-3 or Head Start program to act as a member of an M-team or an IEP committee for a child transitioning to the public school?

Yes. Birth-to-3 or Head Start staff have always been able to participate informally in M-team or IEP meetings with parental permission. However, since 1994 they have been able to participate as formal members of the team under Wisconsin Act 283, codified as s. 115.85(5), Wis. Stats., which permits local school districts to enter into an agreement with a county Birth-to-3 administrative agency and Head Start to recognize those agencies' qualified personnel as team members in the performance of M-team evaluations and the development of IEPs. Such an agreement may be reciprocal and also allow school personnel to be recognized by the county or Head Start as team members of an evaluation team and individualized family service plan (IFSP), or IEP team. Information Update Bulletin No. 94.6 provides additional information regarding this law which also promotes interagency collaboration with Head Start and the Bureau of Indian Affairs (BIA) affiliated tribal schools in the evaluation of young children with disabilities.

9. Which person on the team should administer norm-referenced assessment tools?

Whoever is qualified to administer the test in question should do so. The manual of individual instruments should be checked to determine if examiner qualifications are specified. If not, some formal training in assessment of young children which includes administration of norm-referenced instruments is recommended as a criterion for determining who on the team should administer norm-referenced assessment tools.

10. What if the administration of a norm-referenced tool is not feasible?

Many tests used in early childhood are not norm-referenced. They have not been standardized with a population of children and, thus, do not have statistically-derived norms for interpreting a child's raw score. Rather than being norm-referenced, they are criterion-referenced instruments. Many of these instruments yield age-equivalent scores rather than standard scores. The significant developmental delay definition states that other instruments, such as criterion-referenced measures, shall be used to document significant developmental delays if it is clearly not feasible to use norm-referenced

instruments. While we can roughly estimate equivalencies, it is important to realize that this cannot be done precisely. Use of equivalent scores derived from criterion-referenced measures reduces the amount of certainty we have in interpreting a child's score on a test.

11. Can play-based assessment tools be used to document a score that is equivalent to -1.5 standard deviations below the mean in two areas of development?

Yes. However, most systems of play-based assessment heavily depend on the clinical skill and experience of the evaluation team. The answer to question 13 also applies to this question. Other equivalent scores may be used if norm-referenced assessment instruments are not feasible in evaluating a particular child. The M-team may also wish to use a norm-referenced instrument in conjunction with play-based assessment.

12. How does significant developmental delay relate to “developmental delay” as described in the Birth-to-3 state criteria and Head Start criteria?

Under the Department of Health and Family Services, the Birth-to-3 early intervention programs in Wisconsin utilize a definition for “developmental delay” that is much broader than the criteria for significant developmental delay. Therefore, children who have been served by a Birth-to-3 program may not always be eligible for special education services under the category of significant developmental delay. Head Start programs are required to adopt the state's EEN definition for this optional category so they would use the criteria for significant developmental delay contained in PI 11.35(2)(L), Wis. Adm. Code.

13. What kinds of evaluations should a school district conduct when a child with a suspected EEN is referred from a Birth-to-3 early intervention program with records that include recent test scores?

A full developmental evaluation by local education agency staff could result in a duplication of effort if the testing completed by the qualified Birth-to-3 staff is recent and includes scores from appropriate instruments. It is important to remember that the first step of any M-team evaluation is to examine all relevant, available data concerning the child, including records of previous interventions and special education programs provided to the child and the effects of the interventions and programs (PI 11.04(3)(a)1 and 2, Wis. Admin. Code). When an M-team is reviewing the records of a very young child and there are data which substantiate the existence of a handicapping condition and the need for special education, the members of the team could document this in their individual reports. The question of whether or not the team should complete additional assessments will depend on the team's professional judgment and a determination of whether or not the evaluation materials utilized by the Birth-to-3 staff meet the criteria under PI 11.04(3)(d), Wis. Admin. Code. In the event that an M-team member accepts the findings from a previous report, it would be appropriate to cite specific items from it and indicate how the findings are consistent with his/her own documented observations of the child.

14. Is there one test or procedure that will provide all the necessary documentation to identify a child as having a significant developmental delay?

No. Section PI 11.04(4)(d), Wis. Admin. Code, states that an M-team may not find that a child has a handicapping condition based upon a single evaluation procedure. The criteria under significant developmental delay call for documentation of significant developmental delays and their detrimental effect upon the child's daily living through qualitative and quantitative measures including a developmental and basic health history, including results from vision and hearing screenings, input from parents and other caregivers, observation, and appropriate instruments .

15. Do you have to gather information from parents to document a significant developmental delay?

Yes. Pertinent information regarding the detrimental effects of the suspected delays must be gathered from parents and, if applicable, from other caregivers or service providers. If the child received intervention services as an infant or toddler, some of this information may be included in his/her records. If not, there are tools available to assist staff in collecting this information through oral interview or written questionnaire. Best practice dictates that evaluators also seek information on children's strengths which will be helpful in planning programming.

16. Is a Birth-to-3 or an EC:EEN classroom considered a typical preschool environment for the purpose of conducting the observation required under PI 11.35(2)(L)4.b., Wis. Admin. Code?

Unless these are integrated settings which include non-disabled peers, they would not be considered typical preschool environments. The intent of the observation is to assess a child's typical functioning in familiar environments. In the event that it is not possible to observe the child in the home, daycare, or other typical preschool or community environment, the rule indicates that "an alternative setting" is permitted. An explanation should be included if an alternative site is used.

17. Can a speech and language pathologist be assigned to the IEP committee if he or she was not involved in the M-team evaluation of a preschooler who was identified as having a significant developmental delay?

Yes, as long as the criteria for IEP committee membership under PI 11.05, Wis. Adm. Code, is met. Note that PI 11.05(1)(b)5., Wis. Admin. Code, specifically indicates that if the IEP process is initiated because of an initial eligibility determination, a member of the M-team that evaluated the child, or a person who is knowledgeable about the evaluation procedures used with the child and is familiar with the M-team report, shall be included as a participant at the IEP meeting.

It is important to remember that regardless of who develops the IEP, it is only after the goals and objectives of the IEP are written that the services to be provided to the child are determined.

18. Does the M-team have to conduct hearing and vision screenings, or can it document results which other agencies have obtained?

Hearing and vision screenings are required for an eligibility determination of significant developmental delay. However, if results are already available from physicians, county health departments, or a referring agency, this information may meet the requirements. However, if no results are available, the M-team must take responsibility to ensure that these screenings are conducted.

It is critical to detect vision problems as soon as possible, as the National Society to Prevent Blindness estimates that one in twenty preschoolers has a vision problem requiring a professional eye exam. It is equally important to address a child's suspected hearing problem by referral to an audiologist trained to assess young children.

Children with hearing disabilities are an under-identified population, and early identification and appropriate supports are critical to the child's success for school and beyond. Resources related to sensory screening for young children are included in the Child Find Manual developed by CESA #6 entitled, "The Informed Referral Network in Wisconsin's Communities: Locating Young Children Who May Need Special Services," or the Exceptional Education Team at the Department of Public Instruction may be contacted for further information.